

Employee Supervision and the Performance of Nurses in Public Health Facilities in Kenya: Case of Makueni County.

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Abstract: In order to recommend policies and practices that will enhance nurse's performance in Kenya, this study aimed at examining the influence of employee supervision on the performance of nurses in public health facilities in Makueni County in Kenya. The study was anchored on goal setting theory and human capital theory. The study target population was 175 nurses. Slovin's formula was used to arrive at a sample size of 122 respondents. Self-administered structured questionnaires were used for data collection. Data analysis was done using multiple regression analysis to establish the relationship between the independent variables and dependent variable. Based on the empirical findings, the study concluded that there is a significant relationship between employee supervision and performance of nurses in public health facilities in Makueni County, employee supervision practices like having fair supervision policy in place, employee-supervisor relationship and employee harassment are all significant factors that influence the performance of nurses in public health facilities in Kenya. Regarding this finding, the study therefore recommended that; the ministry of health in Kenya should come up with clear policies on employee supervision to avoid any harassment of nurses by their supervisors. Supervisors should be trained on matters of employee relations, emotional intelligence and general interpersonal relations to be able to effectively handle their supervision roles to motivate nurses to deliver quality service to the public.

Keywords: Supervision, Nurse Performance, Human capital theory, Health facilities.

I. INTRODUCTION

A. Background

Supervision can be defined as the act of leading and guiding a group toward reaching its goals, by ensuring that all members of the group are productive and being able to resolve issues as they arise within the team. Supervision is intended to oversee the performance of the team by regularly reviewing the progress of team members' work and measuring this performance against set objectives in the work plan (Mathauer 2006).

The primary objectives and goal of health care are services to humanity and health level increment, status maintenance and the making of profit. In achieving these goals, the health care facility allocates resources to address such objectives. Performance in health care institutions considers a compound of activities such as human health maintenance, provision of

employment, procurement of drugs, equipment and other product and services, and provision of general services (Huber, 2006).

Nursing is an integral part of healthcare services and has the potential of having a wide and enduring impact on health outcomes globally. Over time nurses have developed new roles and assumed greater responsibilities. Gatchel (2018) in his study concludes that nurses are becoming increasingly involved in important issues, such as the current pandemic crisis, pain management, and a host of interpersonal demands of patients. Because of them having to "wear many different hats," a great number of nurses are now leaving the profession, resulting in a real threat of a nursing-shortage. Coupled with the expanded responsibilities over them, there is also an array of bio-behavioral problems encountered by nurses, ranging from chronic low back pain, depression to burnout and workplace stress.

It is therefore important to appreciate the role they play and have a continuous conversation on what can enhance their performance to have even greater output. Several researchers have delved into this discussion proposing ways by which the nurse's performance can be enhanced, this include the call for an objective performance appraisal to ensure the quality of care is met (Huber, 2006). Tomey (2004) furthers this thought by holding that an objective appraisal will also help in determining professional competence, enhancing staff development, motivating them toward higher achievement, improving communications between managers and personnel and encouraging better.

To achieve all these great performance path, leadership can never be ignored, Opollo et al (2014) correctly summarizes this by asserting that the leaders who involve staff, foster team work, encourage motivation and rewarding good work performance can improve job satisfaction and impact quality of work life therefore achieving the desired performance. Northouse (2017) holds that the extent to which the organizational members are proactive in-service delivery depends on level to which they are convinced that their leaders will enable and facilitate them to achieve the companies set goal and objectives. He further reiterated that good leadership across all organizations both profit, and non-profit

organizations drives success in employee and general organizational performance a position that is also propagated by Khan (2016) who asserts that in the absence of good leadership, organizations tend to grow slowly, they lose organizational goal focus and eventually the organizations become stagnant.

Healthcare services in most of the developing countries around the globe have recorded unacceptable levels, coupled with long-standing inequalities within healthcare systems across the world compared to developed countries (Vermeeren et al., 2014). The only way developing countries can manage to secure improvements in the health outcomes is by building and strengthening a robust healthcare system. Hyde et al. (2013) assert that health care building blocks include delivery of service, health information, human resource, medical products, technologies and vaccines, health financing, governance and leadership (stewardship). It can therefore be advanced that for a country to achieve her healthcare goals, fundamental factors like knowledge, skills, deployment and motivation of health service providers must be given serious priority. The ability to deploy and maintain the right number and skills to hospitals is one of the biggest challenges facing public health care systems. Pallikadavath et al., (2013) found out that in India inequality within states was at 71% while between states was 29% summarizing the overall inter health sub-centres inequality.

In African developing countries, healthcare organizations have recorded major health sector workforce problems in the face of dealing with increased disease burdens. This reality therefore means that effective management of health workforce is of critical importance (Gile et al., 2018). A study by Uneke et al. (2017) indicate that factors like inadequate infrastructure and poor remuneration rates lure a number of nurses, physicians, doctors and other health professionals to developed countries in search of greener pastures leaving behind a deprived healthcare system in their countries.

Kenya as one of the developing countries has its own share of public health challenges, low numbers of health service personnel especially in rural and remote areas as highlighted by transparency international in 2014, where understaffing levels were between 50-80 %. The Kenyan 2010 constitution spells out a robust right-based approach to healthcare service delivery. It spells out that every citizen has the right to get maximum possible healthcare which includes reproductive health privileges. Health services were among the services that were devolved to the counties by the constitution of Kenya 2010. Counties have experienced unique challenges ranging from misappropriation of funds meant for health care service provision, numerous strikes and go slows by health workers which have affected healthcare service delivery to citizens. In the year 2016 for example, the health sector in Kenya experienced more than 20 strikes which were occasioned by poor working conditions from January to October greatly hampering health service delivery within the country. The Kenyan vision 2030, spells out a concrete blue print for achieving sustainable development in the bid to create a global competitive and successful country whose aim is to convert the

country into an industrialized, middle income nation which offers high quality life to its entire people in a clean and secure environment by the year 2030. In order to attain this goal, the health care sector envisions unprecedented reforms, programs and flagship projects that include streamlining governance and leadership within the health sector together with enhancing procurement and provision of basic essential technologies and health products.

County governments have been given powers to develop models that guarantee provision of quality healthcare services (Makhamara, Waiganjo & Kwasira, 2016). However, the crisis of human resource is still a major setback with less than 50 percent of the available staff serving the marginalized rural population; furthermore, there has been a number of nurse strikes occasioned by HRM issues. It is on the premise of this problem background that this study was carried out to determine the influence of employee supervision on the performances of nurses in public Health facilities in Kenya, case of Makueni County. This was carried out by testing the hypothesis:

H₀₁: There is no significant relationship between employee supervision and the performance of nurses in public health facilities in Makueni County, Kenya.

II. LITERATURE REVIEW

A. Theoretical Framework

The theoretical framework of this study is anchored on Goal setting theory and Human capital theory. Goal setting theory asserts that, the underlying explanation for why some people perform better than others is simply having different performance goals. Perhaps the performance of nurses in public health facilities in Kenya could be enhanced by having their supervisors help them set their own performance goals against which they should be measured from time to time. Human capital theory on the other hand is premised on the fact that Human capital is the economic value of an employee's knowledge, skills and experience which includes such resources as health, training, skills, education and intelligence among other assets. Public health organizations can enhance the quality of their human capital through investing in their employees' intelligence, education and abilities. Human capital is therefore very critical in health organizations as it helps in boosting productivity and improves service delivery.

Goal Setting Theory

Edwin A. Locke is the brain behind Goal setting theory; it is from Aristotle's form of casualty that he derived the idea for goal-setting. It is in the mid-60s that Locke began to examine goal setting and continued for more than 30 years researching about it. The idea that purpose can cause action was Aristotle's speculation; thus, this made Locke to begin researching on how human activity is impacted by goals. Goal setting theory was developed and refined by Locke in the 1960s, publishing his first article on the subject, "Toward a Theory of Task Motivation and Incentives", which was published by Locke in 1968, established that there is positive relationship between

performance and clearly identified goals (Locke and Latham, 2002). The goal setting theory asserts that, the underlying explanation for why some people perform better than others is simply having different performance goals. The intensity of the goals and the content are the two major features of human goals (Latham & Locke, 1991). Research conducted on Goal Setting Theory focused on difficulty and the specificity as regards to content of the goals. Difficulty refers to the level of the goal that is intended to be achieved while Specificity refers to the goals being very specific rather than vague; however, the level of difficulty depends on the individual that is going to achieve that goal and therefore not constant. While one person might find a specific goal difficult, another might find it very easy. When a person's commitment and ability are adequate enough, then he/she performs better when the goals are harder. This is to say that, performance is higher when goals are harder (Latham & Locke, 1991).

Latham and Locke (1991) state that difficulty and specificity of the goals have been primarily studied and the result of the findings are consistent in that difficult and specific goals lead to higher and better performances as opposed to unchallenging and vague goals. Latham and Steele (1983) stress that there is a linear relationship between the difficulty of attaining the goal and the performance results produced in actually attaining it.

The second characteristic of goals is intensity, which refers to the mental process which involves "clarity, scope, mental effort, etc." (Latham & Locke, 1991). Research findings indicate that the higher the subject is committed to the goal, the better he/she performs. Another finding is that the people who are committed in reaching a goal expansively and deeply are more likely to be committed to achieving the goal.

According to Newstrom, (2011)) employees participating in the goal-setting process make performance higher. However, according to their research, Latham and Locke (1991) stress that there is no significant difference in goal setting treatments, namely, when the goals are set with the participation of the employee and when they are assigned, the performance remains almost equal. However, they elaborate that there is better performance in both assigned and participatively-set goals than the ones that are merely told. Therefore, according to Latham and Steele (1983) participation does not add effect on the performance. One of their conclusions is that "participation in goal setting resulted in greater understanding of task requirements which occurred when goals were assigned to individuals. Spector (2000) Summarizes and gives the factors necessary for goal setting in order to improve performance in the job. The acceptance of the goals by employees is the first factor. Next, is provision of feedback in the course of progression toward goals achievement. Thirdly, goals should be difficult and challenging. The last factor is the specificity of the goals; goals should be specific enough. The above mentioned factors should be contained in any goal-setting program, so that it yields a successful performance. In some instances, group goals are preferable to individual goals. Human Resource Development practitioners should include training for determining whether individual or group goals

would result in better performance especially depending on the nature of the task (Redmond, 2015).

Lunenburg (2011) asserts that Goal setting is a technique of motivation utilized by many organizations as a method of directing people's efforts in the workplace and setting a standard against which performance can be measured. Buchanan (2012) posits that goal-setting theory has been the most researched since its first research five decades ago and has been established and utilized as a theory of work motivation in the field of organizational and industrial psychology (Buchanan, 2012).

Research work around goal-setting has emphasized the importance of having employees get committed to the organization goals since without such commitment, goal-setting will not be as exciting (Riggio, 2014). There is evidence suggesting that if employees are involved in goal-setting, rather than having managers and supervisors set goals for them then there is enhanced motivation for achieving the set goals (Gomez-Mejia, Balkin, and Cardy, 2015). This theory provides a foundation upon which performance of nurses as the dependent variable of this study is anchored. There is need for hospitals to involve nurses in setting their performance goals of delivering quality health care in public health facilities.

Human Capital Theory

This theory was advanced in the 1960s by economist Gary Becker where he pointed out that investment in education and training could add value to productivity. This was pointed out because as the world was obsessed with accumulation of more physical capital, the opportunity cost of attending school decreased and education became an increasingly important component of the workforce. Human capital can therefore be referred to as educational acquisition, skills, knowledge and experience of an employee (Peers, 2015).

Human capital is the economic value of an employee's knowledge, skills and experience which includes such resources as health, training, skills, education and intelligence among other assets. Public health organizations can enhance the quality of their human capital through investing in their employees' intelligence, education and abilities. Human capital is therefore very critical in health organizations as it helps in boosting productivity and improves service delivery (Tan, 2014). Human capital theory posits that employability within the general labor force has a tendency to increase when significant investment is put in education and training (Peers, 2015). Fitzsimons (2017) reckons human capital as the overall experience and wisdom possessed by healthcare employees which is a critical factor in entrenching a competitive advantage that cannot be copied by competing organizations. Furthermore, this theory plays a critical role when it comes to recruiting, selecting, posting and remunerating health care employees. It brings out the revelation that human capital theory is irrefutably significant contributor in HRM practice. Integration of HRM practice in healthcare organizations ensures attraction and retention of high knowledgeable and skilled employees.

Additionally, Wali and Zekeriya (2013) assert that Human capital theory is grounded on the believe that education plays a critical role in enhancing the productivity of employees. When applied to the health care sector, human capital is considered a valuable factor that determines productivity in this sector and also enhances the employability of health care professionals.

The belief underlying this theory is that efficient and effective management of human capital is the foundation for ensuring successful organizations and nations. These organizations focus mainly on investing more in their staff, encouraging employees to be more proactive, creating an enabling environment for skills training and social capital (Tan, 2014). The field of HRD is integrated to various aspects of theory that includes the concept of human capital. This theory brought more views to the conventional belief and asserted that employees are critical resources that should be utilized to improve economic gains both to the individuals and society (Marginson, 2017).

Korpi and Clark (2017) highlights another great belief regarding human capital theory as that of human capabilities to be able to learn and create ideas that are critical in the process of production. According to the theory, investment in people creates value to society and individuals. The investments can take many forms including educating people with the hope that the returns will be in equilibrium or bigger than the investment (Gao et al., 2010). In the healthcare organizational context, Human capital is taken as a subset of intellectual capital of the organization (Peers, 2015). This theory provides a foundation upon which promotion of nurses as one of the independent variables of this study is anchored. There is need for public hospitals to continue improving nurses' intellectual capital to enhance their knowledge and skills through further training in the bid to make them ready for promotions as a way of motivating the entire healthcare workforce.

B. Empirical literature review

Besigwe (2011) conducted a study on the influence of quality supervision on the performance of employees in Mairye Estate in Uganda and found out that there is a positive relationship between the performance of employees and quality supervision. Another study by Charles, Kimutai, and Kosgei (2012) to find out the influence of head teacher's supervision on teacher's academic performance in secondary schools in Kenya found out that teacher's supervision had a positive relationship with schools' overall performance in Kenya Certificate of Secondary Education (KCSE).

Al-Mailam (2014) carried out an analysis to find out whether work forces working for leaders who embrace transformational leadership style are more effective as those leaders embracing transactional leadership styles. The study further compared leadership styles effectiveness in both public and private sector. The study finding revealed that transformational leadership was highly ranked as the best and effective leadership style while employees in private sector perceived transformational leaders as more effective than the employees in public sectors.

Stordeur and D'Hoore (Stordeur, 2007) in their study organizational configuration of hospitals succeeding in attracting and retaining nurses, The study was undertaken from a sample of 12 hospitals whose nurse turnover was studied for 1 year, structural and organizational features of hospitals in the first and fourth quartiles, A questionnaire, including perceptions of health-related factors, job demands, stressors, work schedules, organizational climate, and work adjustments antecedent to turnover, was received from 401 nurses. Found out that structural characteristics do not differentiate attractive and conventional hospitals, but employee perceptions towards the organization do.

Moe (2017) conducted study on change of Al-Amalcentre to King Hussein Cancer Centre in Jordan. Before transformation or change Al- Amalcentre was pre-known and perceived as poorly and ineffectual cancer institution. After transformation it was perceived better and converted into comprehensive cancer center embracing Western-style fashion. This was because of achievements in improving the levels of the center, improving the services and entering into a new leadership after achieving accreditation by Commission International. The study finding established that the changes made were attributed to conceptual structure of transformational leadership style model. Such factors as idealized influence, inspirations, motivations, intellectual stimulations, and considerations on individual basis affiliated from transformational leadership style has significant impact on King Hussein Cancer Center (KHCC) staff attitude and motivation that lead to a successful change.

Dunham-Taylor (2010) carried out a study to investigate on hospital executive nurses and staff reporting with aim of exploring power relations, organizational culture and transformational leadership style. The study findings reiterated that the executive nurses used transformational leadership style and to a great extent efficient. The study revealed that there was staff satisfaction and work group was effective. The study respondents indicated that transformational leadership style often occurred with equivalent high education degrees. Further the study finding revealed that the transformational leadership style applied to a more participative organization.

Janssen (2014) conducted a study on factors that influences leadership styles where he tested leadership characteristics of one hundred and sixteen public hospital CEOs in Iowa. The study findings revealed that satisfaction, extra efforts and effectiveness factors were highly correlated to transformational leadership style. The study findings also revealed that there were no significant relationship and correction on ages, training length and years of experience factors with leadership style.

Larrabee et al. (2013) conducted a study in Saudi Arabia on nursing leadership that revealed that leadership is more effective and efficient on transformational concept. It was established that subordinate job satisfaction was attributed by hospital leadership factor. The study results revealed that when the staff is encouraged, inspired and motivated more job satisfaction is felt. The subordinate job satisfaction and

affiliated and linked to empowerment from their leaders in transformational leadership approach.

III. METHODOLOGY

This study adopted a descriptive survey research design. Orodho (2012) states that descriptive survey design is suitable because it is used to obtain information that describes existing phenomena by asking individuals about their perceptions, attitudes, behaviors, or values. The target population of this study was 175 nurses drawn from the five public health facilities in Makueni County. The sample size was 122 respondents as shown by Table I. Data was collected using questionnaires and analysed using multiple regression analysis models using statistical package for social science (SPSS) software.

Table I: Sample Size

Stratum	Population number	Selected no. of samples	Selected respondents
Nurse Managers	5	$(5/175) * 122 = 3$	3
Nurse unit heads	20	$(20/175) * 122 = 26$	14
Nurses	150	$(150/175) * 122 = 82$	105
Total	175	$(175/175) * 122$	122

IV. RESULTS AND DISCUSSION

A. Hypothesis Testing

Hypothesis 1: There is no significant relationship between employee supervision and performance of nurses in public health facilities in Makueni County.

This Null hypothesis was tested using regression analysis with t-statistic and $p=0.05$ and the findings are presented in Table II

Table II: Error! Reference source not found.

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.464 ^a	.363	.414	.43276	.363	40.654	1	101	.000

a. Predictors: (Constant), Personal Attention

ANOVA ^a						
Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	13.105	1	15.017	25.765	.000 ^b
	Residual	31.261	101	.296		
	Total	44.366	102			

a. Dependent Variable: Performance
b. Predictors: (Constant), employee supervision

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	3.06	.177		5.623	.000	1.214	2.685
	Employee supervision	.635	.086	.581	6.216	.000	.483	.588

a. Dependent Variable: Performance

The regression analysis results in table II shows Coefficient of determination R Squared = .363, this implies that employee supervision accounts for 36.3 % of the variations on the performance of nurses in Makueni county health facilities. Additionally, $t = 6.216$; $P = 0.000$ shows that employee supervision is a significant determinant of the performance of nurses in Makueni county. The model's ANOVA findings of ($F=25.765$; $P = 0.000 \leq 0.05$) shows that the model was fit for the data. The model's beta ($\beta = 0.581$, $p \leq 0.05$) also shows that performance of nurses would change by 0.581 standard deviation when supervision changes by one unit. Therefore, the

null hypothesis that there is no significant relationship between employee supervision and performance of nurses in Makueni County is rejected at the 5% level of significance and concludes that employee supervision practices such having employee supervision policy in place, employee- supervisor relationship and employee harassment are all statistically significant factors that influences the performance of nurses in Makueni County.

These empirical findings are in line with those of Besigwe (2011) where he conducted a study on the influence of quality supervision on the performance of employees in Mairye Estate

in Uganda and found out that there is a positive relationship between the performance of employees and quality supervision. Another study by Charles, Kimutai, and Kosgei (2012) to find out the influence of head teacher's supervision on teacher's academic performance in secondary schools in Kenya found out that teacher's supervision had a positive relationship with schools' overall performance in Kenya Certificate of Secondary Education (KCSE).

V. CONCLUSION AND RECOMMENDATIONS

Given the above empirical findings the study concludes that there is a statistically significant relationship between employee supervision and the performance of nurses in public health facilities in Kenya. Fair supervision, employee-supervisor relationship and employee harassment are all significant factors that influence the performance of nurses in public health facilities in Kenya. In view of these findings, the study recommends that the ministry of health in Kenya should come up with clear policies on supervision of nurses and employees in general to avoid harassment of nurses by their supervisors and other unfair practices. Supervisors should be trained on matters employee relations, emotional intelligence and general interpersonal relations to be able to effectively handle their supervision roles to motivate nurses to deliver quality service to the public.

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